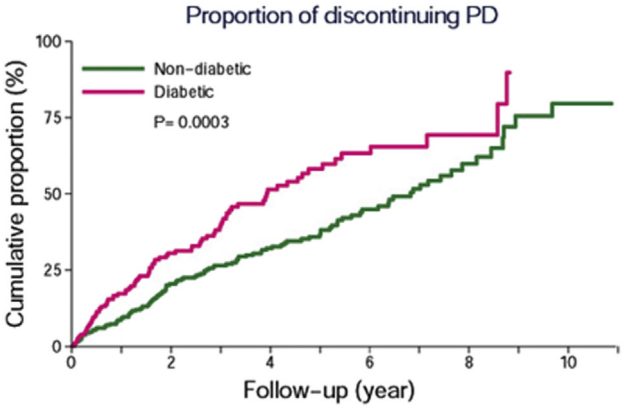
laboratory findings, and outcome of the patients. Multilocus Sequencing Typing (MLST) was used to genotype the bacterial isolates to trace the relatedness of the isolates that caused bacteremia in newborn patients. The following clinical information and microbiologic data were collected: demographic characteristics, presence of central venous catheters, invasive diagnostic and therapeutic procedures, total parenteral nutrition (TPN) and intrafat, mechanical ventilation, and previous and current antibiotic exposure.
Results: Forty cases with *A. baumannii* bacteremia were identified. Multidrug resistance was found in only four isolates (10%). The bacteremia-related mortality rate is 7.5%. Most of the patients with A. baumannii infection had prolonged intubation, presence of percutaneous central venous catheter (PCVC) (65%) and longer use of TPN or intrafat (95%). The result of MLST showed diverse genotypes.
Conclusions: *A. baumannii* bacteremia occurred primarily in preterm neonates on TPN and intrafat use and with prolonged intubation in the NICUs. *A. baumannii* bacteremia did not often lead to mortality and multidrug-resistant *A. baumannii* is uncommon in neonatal patients. Decreasing the use of PCVC and intubation time could reduce the infection by *A. baumannii* in preterm neonates.

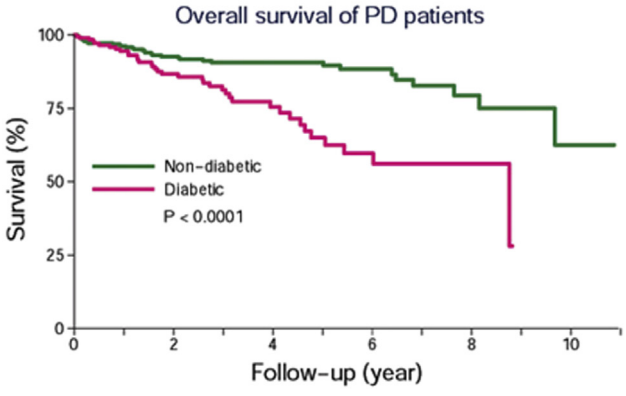
PS 1-077

RISK FACTOR OF PERITONEAL DIALYSIS-RELATED INFECTION: IMPACT OF DIABETES MELLITUS ON LONG-TERM OUTCOME

Hsiao-Ling Chen [a,b], Lian-Hua Huang [b], Tao-Fen Shiung [a], Yu-Chih Ting [a]. [a]*Department of Nursing, Taipei Veterans General Hospital, Taipei City, Taiwan;* [b]*Department of Nursing, College of Medicine, National Taiwan University, Taipei City, Taiwan*

Purpose: Infection including peritonitis is the major complication for patients receiving peritoneal dialysis (PD). PD-related infection remains the leading cause of withdrawing dialysis. Nursing care for patients free from infection is an important issue. This study is conducted to investigate the risk factors and outcome of PD-related infection.





Methods: Data and medical records are obtained from registry database in a tertiary hospital. Clinical factors contributing to PD-related infection or outcome are all record and analyzed with logistic regression model. Outcomes were analyzed by log-rank test and Cox proportional hazard regression model.
Results: A total of 514 patients are enrolled for analysis from 2001 to 2013 consecutively. Diabetes mellitus is the risk factor contributing to PD-related infection in a multivariate regression analysis (odds ratio = 1.79 and 95% confidence interval [CI] = 1.19—2.67, $P = 0.005$). Diabetic patients have higher ratio of PD-related infection (hazard ratio [HR] = 1.83 and 95% CI = 1.43—2.34, $P < 0.001$) and discontinuing PD (HR = 1.68 and 95% CI = 1.27—2.24, $P < 0.001$) than non-diabetic. As comparing with non-diabetic patients, they also have higher mortality rate (HR=2.67 and 95% CI = 1.66—4.3, $P < 0.001$).
Conclusion: Diabetic patients are more prone to PD-related infection than non-diabetic patients. They also have earlier events to discontinue PD. To reduce the infection episode is the critical issue of nursing care in PD patients.

PS 1-078

INVESTIGATION ON NURSE OF KNOWLEDGE AND PROTECTION ADHERENCE OF MULTIPLE DRUG-RESISTANT *ACINETOBACTER BAUMANNII* IN A MEDICAL INTENSIVE CARE UNIT IN CENTRAL TAIWAN

Chai Yuan Lee [a,b], Cuiu Hsiang Lee [a,b]. [a]*Department of Nursing, Chung Shan Medical University Hospital, Taiwan;* [b]*School of Nursing, Chung Shan Medical University Hospital, Taiwan*

Purpose: Multiple Drug-resistant Acinetobacter baumannii(MDRAB) is most commonly isolated pathogens in many medical center ICUs. Severe infection could lead to a mortality rate as high as 46—63.9 %. Multiple drug resistant pathogens lead to stern challenges during treatment and cause financial burden. The purpose of this study is to survey on nurse base upon their knowledge of MDRAB and protection adherence.
Methods: This is a descriptive study. A structured questionnaire was used to measure comprehensive knowledge of Acinetobacter baumannii from nurses of medical center in central Taiwan. During the period between Apr 1 2013 and May 31, a total of 136 nurses joined our questionnaire survey. Percentile, t-test, ANOVA and regression analysis were adopted and all data analyses were performed using SPSS 17.0.
Results: There's a positive correlation between comprehensive knowledge of MDRAB and protection compliance. The higher frequency of caring MDRAB infected patients, the better the comprehensive knowledge they are ($p = 0.017$). The compliance of protection and comprehensive knowledge are higher among nurses who had received in-occupation education. The better the comprehensive knowledge is the higher the protection adherence of the nurses. For every 1 point increase in the knowledge of MDRAB, there will be 0.18 point increase in protection adherence.

Table 1 Multiple regression for the Participants' demographic and knowledge of MDRAB($N = 136$).

	Exp(*B*)	SD	*B*	*t*	*p*
(Constants)	94.880	3.147		30.149	.000
Age	.312	2.888	.015	.108	.914
Education level	−1.393	2.729	−.045	−.510	.611
Marital status	2.185	2.524	.088	.866	.388
Department	1.031	1.862	.048	.554	.581
Clinical ladder level	.479	1.351	.056	.354	.724
Years of service	.010	1.432	.001	.007	.994
Care frequency	−2.551	1.050	−.215	−2.429	.017
Related education	−1.739	1.792	−.084	−.970	.334
$R^2 = .082$ $F = .196$					

Table 2 Linear regression of knowledge of MDRAB and protection adherence

	Exp(*B*)	SD	*B*	*p*
(Constants)	2.654	.390		.000
Knowledge	.018	.004	.346	.000